MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S) 665 759

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
1								51							
2								52							
3								53							
4								54							
5								55							
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42								92							
43								93							
44								94							
45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.	9							TOTAL IND.							
TOTAL DEP.	38							TOTAL DEP.							
TOTAL CLAIMS	47							TOTAL CLAIMS							

PTO-1360 (3-76)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS